

Lancashire and South Cumbria Clinical Commissioning Groups Commissioning Policy Reviews

Arthroscopic Shoulder Decompression for Subacromial Pain Public Engagement Outcomes			
When the public engagement took place	Start date	End date	Duration
	04 January 2019	01 February 2019	4 weeks
Number of survey respondents – electronic or on paper	Total	By gender	By disability
	9	Female: 56% Male: 33%	No disability: 56% Disability: 22%
	By sexual orientation	By ethnicity	
	Heterosexual: 78% Gay/Lesbian: 0% Bisexual: 0%	White British: 89% Asian ethnicity: 0% Other: 0%	Mixed ethnicity: 0% Black ethnicity: 0%
Number of people seen face-to-face	Not applicable		
	0		
Survey question response rates from patients and members of the public	100% of respondents read the arthroscopic shoulder decompression policy before completing the survey	56% of those who responded felt it should only be funded for those people who meet the criteria	11% of survey respondents had received this treatment/procedure
	55.5% of survey respondents agreed with the criteria for arthroscopic shoulder decompression for subacromial pain and 33% disagreed with the criteria		
Key issues/themes raised by patients and members of the public	Where the surgeon recommends earlier action, this should be followed rather than wait for a predetermined time before undertaking surgery		
	The policy is not stringent enough and may unnecessarily increase the cost of treatment (MRI scans and ultrasound)		
	It is not clear that the policy includes pensioners		
	A one size fits all criteria doesn't bring effective outcomes, the patient is best placed to decide treatment options after discussion or research		

	Clinical terminology makes it difficult for lay people to understand the policy
Responses to key issues/themes raised during public engagement	This policy is pure subacromial shoulder impingement which means subacromial pain not caused by associated diagnoses such as rotator cuff tears, acromio-clavicular joint pain, or calcific tendinopathy. The policy specifies what should be done for patients who are diagnosed in primary care using clinical examination - Ultrasound and MRI are rarely needed to initially manage this disorder but radiographs(X-Ray) are helpful in primary care. If there are indications from the clinical examination the patient may have other underlying conditions, they will be referred to secondary care where all appropriate investigations and management options would be considered. The management of such patients are not within the scope of this policy.
	Ultrasound and MRI are rarely needed to initially manage this disorder but radiographs (X-ray) are helpful in primary care
	The policy is for the treatment of all adults. The policy will be amended to clarify this.
	The policy has made provision for patients who have exceptional clinical circumstance to be treated differently if there is good evidence for the treatment
	We recognise that the clinical terminology in commissioning policies can be difficult for patients and the public to understand. Every effort is made to ensure that the language and descriptions used during all other aspects of the patient engagement process (FAQs, website statements, surveys etc) are accessible and use "plain English".
Key changes to the policy following public engagement (if applicable)	Policy amended to clarify it applies to all adults aged 18 and over
Policy ratified by Joint Committee of Clinical Commissioning Groups on 7 March 2019	